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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/28/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	STATE OR COUNTRY MD	SHEETS DRAWING 3	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>3/21/05</i>				

ADDRESS

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TITLE

Whole body MRI scanning with moving table and interactive control

FILING FEE RECEIVED 1316	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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